

**FILED**  
OCT 24 2007  
RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

Plaintiff,

CASE NO. 4:07-cv-04966

vs.

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

**SBA**

Defendant.

**(PR)**

I, LILIAN Gutierrez, declare, under penalty of perjury that I am the

plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☐ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.  
 21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes X No \_\_\_\_

24 Spouse's Full Name: DAVID (LEGALLY SEPARATED)

25 Spouse's Place of Employment: T+J TRUCKING

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 45,000 Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ 0

1 b. List the persons other than your spouse who are dependent upon you for  
 2 support and indicate how much you contribute toward their support. (NOTE:  
 3 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4 THEIR NAMES.).

5 DAUGHTER + MOTHER

6  
 7 5. Do you own or are you buying a home? Yes \_\_\_ No X

8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6. Do you own an automobile? Yes \_\_\_ No X

10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7. Do you have a bank account? Yes \_\_\_ No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_

15 \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes \_\_\_ No X Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_ No X

20 \_\_\_\_\_

21 8. What are your monthly expenses?

22 Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

23 Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

27 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

28 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

SEION MEDICAL HOSPITAL - \$50,000.00

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes \_\_\_ No X

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

10/2/07  
DATE

  
SIGNATURE OF APPLICANT

REPORT ID: T93030 701

REPORT DATE: 10/02/07

PAGE NO. 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 VALLEY STATE PRISON FOR WOMEN  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU OCT 02, 2007

ACCOUNT NUMBER : X06750

BED/CELL NUMBER: A 1 FL000000004L

ACCOUNT NAME : GUTERRES, LILLIAN

ACCOUNT TYPE: J

PRIVILEGE GROUP: U

## TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
09/01/2007		BEGINNING BALANCE					353.60
09/11	FC01	DRAW-FAC 1	0719 FAC A			100.00	253.60
09/14	W502	POSTAGE CHARG	0782 AUG07			33.98	219.62

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
353.60	0.00	133.98	219.62	0.00	0.00

CURRENT  
 AVAILABLE  
 BALANCE

219.62

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

LILIAN GUTERRES,

Plaintiff(s)/Petitioner(s),

vs.

CASE NO. 2:07-CV-01899-GEJ-EPB

SUPERIOR COURT OF CALIFORNIA,

Defendant(s)/Respondent(s).

**IMPORTANT**

IF YOU CHOOSE TO CONSENT OR DECLINE TO CONSENT TO JURISDICTION OF A UNITED STATES MAGISTRATE JUDGE, CHECK AND SIGN THE APPROPRIATE SECTION OF THIS FORM AND RETURN IT TO THE CLERK'S OFFICE.

☒ **CONSENT TO JURISDICTION OF  
UNITED STATES MAGISTRATE JUDGE**

In accordance with the provisions of Title 28, U.S.C. Sec. 636(c)(1), the undersigned hereby voluntarily consents to have a United States Magistrate Judge conduct all further proceedings in this case, including trial and entry of final judgment, with direct review by the Ninth Circuit Court of Appeals, in the event an appeal is filed.

Date: 10/7/09

Signature: [Signature]

Print Name: LILIAN GUTERRES

☒ Plaintiff/Petitioner ☐ Defendant/Respondent

☐ Counsel for \*

☐ **DECLINE OF JURISDICTION OF  
UNITED STATES MAGISTRATE JUDGE**

Pursuant to Title 28, U.S.C. Sec 636(c)(2), the undersigned acknowledges the availability of a United States Magistrate Judge but hereby declines to consent.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐ Plaintiff/Petitioner ☐ Defendant/Respondent

☐ Counsel for \*

\*If representing more than one party, counsel must indicate name of each party responding.

Case Number: C07 4966

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of LILIAN GUTERRES for the last six months  
VICTOR STATE PRISON where (s)he is confined.  
[prisoner name]  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ -0- and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 200.00.

Dated: 10/2/07

[Signature]  
[Authorized officer of the institution]

L. Gutierrez v. 02150  
USPS - P.O. Box 96 (A11111)  
DORCHESTER, CA 93610

(LEGAL MAIL)  
"Time-Sensitive"

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT

450 GOLDEN GATE AVE

PO BOX 36060

SAN FRANCISCO CA 94102-9680

**RECEIVED**

OCT 24 2007

RICHARD W. WASHINGTON  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES